JAY COUNTY PUBLIC LIBRARY

FREE HOMEBOUND DELIVERY

Name:	Date:
Mailing Address:	
Telephone No: L	ibrary Card No
PATRON QUESTIONAIRE:	
1. How many items would you want in a four week loan period?	
2. What size print do you prefer? regula	rlarge print
3. Do you want print books, audio bo both?	oks on CD or a combination of
4. Do you prefer lighter weight books, such as paperbacks?	
5. Do you currently have a library card? the first delivery)	_ (If not, one will be issued to you on
READING SELECTION:	
 Do you have any objection to rough language, sex and/or violence in your read- ing or listening materials? 	
2. There are many different types of stories available. Please checkmark the genres that you prefer to read. (If you need large print the nonfiction collection is not as broad)	
FICTION	Non-FICTION
Contemporary/Modern	Inspirational/Religious
Historical	Sports
Romance	Biography/Memoir
Mysteries	Poetry
Adventure/Suspense Westerns	History Humor
Science Fiction/Fantasy	Other
Classics Other	
3. Favorite Authors:	
4. Would you like music CDs? Type:	
5. A limited number of DVDs are available for delivery. Are you interested?	

JAY COUNTY PUBLIC LIBRARY

FREE HOMEBOUND DELIVERY

APPLICATION FOR DELIVERY SERVICE

Name: _____ Date: _____

Address: _____

Telephone No:

Name & number of emergency contact, in case the delivery person finds you ill or injured: ______

Are you requesting, _____ temporary service or _____ continual service? If temporary what dates are you needing delivery? ______ to ______ to ______

The applicant agrees to take responsibility for materials delivered to him/her. If applicant has a change of address or will not be at home on the day of delivery, the applicant will call the library. Applicant agrees to notify library promptly if applicant's mobility is restored and the service is no longer needed.

Homebound delivery is available only in the tax base of the Jay County Public Library, which does not include Dunkirk, Pennville or Penn Township.

It is understood that the library staff serves in only a delivery capacity. He/She is not a social visitor or a caregiver.

Applicant's signature

Date

Required Endorsement Statement:

The undersigned endorses the above application for homebound delivery service based on the applicant's permanent or temporary physical incapacity to personally visit the library.

Dated

Signature

Designation/Title

(Applications may be endorsed by physicians, nurses, ministers, social workers or such other caregivers who are personally acquainted with the patron's circumstances.)



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